

YOUR RIGHTS TO REQUEST AN ADMINISTRATIVE HEARING

WHAT IS AN ADMINISTRATIVE HEARING (“hearing”)? A hearing is a fair review of the Department’s action on your case and must be requested within 90 calendar days from the date of this notice. A hearing officer who was not involved in the Department’s action will review all the facts of your case. If the hearing officer finds that the Department made a mistake, the Department will correct the action. HAR 17-602.1-3 to 4; 17-602.1-6; 17-602.1-24; 17-602.1-26; 17-602.1-28; 17-602.1-37; 17-1703.1-2 to 4; 17-1713.1-2

REASONS TO ASK FOR A HEARING:

- You do not agree with a decision that was made on your application or case.
- Your application was not processed timely: 30 days for a SNAP; 90 days for a medical assistance on the basis of a disability; 45 days for a financial assistance or other medical assistance application.

HAR 17-602.1-4; 17-602.1-24; 17-647-3; 17-647-7; 17-647-14; 17-1711.1-32

HOW DO I ASK FOR A HEARING? You can ask for a hearing in writing on the Department’s form or any other paper. For SNAP and medical assistance only, you can also call or tell a worker that you want a hearing. When the Department receives your request, the Administrative Appeals Office will mail you information about your hearing.

HAR 17-602.1-6; 17-602.1-31; 17-1703.1-4

MY BENEFITS WILL BE STOPPED. CAN I CONTINUE TO RECEIVE BENEFITS WHILE MY HEARING IS PENDING? Yes, please read the notice for the deadline to ask for continued benefits. If the hearing decision is not in your favor, you must repay the benefits you were not entitled to receive. HAR 17-602.1-10; 17-602.1-12; 17-602.1-18; 17-602.1-34; 17-1703.1-5; 17-1703.1-17

HOW LONG DOES THE PROCESS TAKE? The process generally takes 60 days for SNAP or 90 days for other programs. For medical and SNAP hearings, you may ask for an expedited hearing process for extreme cases, such as when life or health are at serious risk. HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

DO I NEED A LAWYER? A lawyer is not needed. You must participate in the hearing unless you tell the Department, in writing, that an authorized representative will participate for you. An authorized representative can be a friend, relative, advocate, or another person. For free legal advice or representation, contact the Legal Aid Society of Hawaii at 808-536-4302 (Oahu) or 1-800-499-4302 (Neighbor Islands). HAR 17-602.1-5; 17-602.1-7; 17-602.1-25; 17-602.1-38; 17-1703.1-3

WHAT IF I NEED AN INTERPRETER OR OTHER ACCOMMODATION? In your hearing request, you can ask for a free professional interpreter, larger print, sign language interpreter, auxiliary aid, or other reasonable accommodations to be provided. If you do not make your request before your hearing date, your hearing may be rescheduled to when the accommodation can be provided. HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

WHAT ARE MY HEARING RIGHTS? You can ask your worker to see the documents and records before the hearing. At the hearing you can say why you think the Department was not correct and you can question the Department’s witnesses. You can also bring your own witnesses. You and the Department must agree on the people who will be allowed to observe the hearing. See above for an interpreter. HAR 17-602.1-4 to 5; 17-602.1-30; 17-602.1-36; 17-602.1-38; 17-602.1-40; 17-1703.1-3; 17-1703.1-6

WHAT IS FRAUD? If you do not follow your mandatory reporting requirements, lie, or hide facts, you may be responsible for repaying the value of the benefits you received and other penalties as applicable under the law, including prosecution. HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

WHAT ARE MY OTHER RIGHTS?

• **CONFIDENTIALITY:** The Department will not release your information unless it is allowed in program rules or federal laws, needed in specific protective service situations, for fraud investigations, or if you submit a written request to release your information. HAR 17-601; 17-1702-5 to 6; 17-1706-6

NON-DISCRIMINATION: The Department does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex/gender (expression or identity) or any protected class under federal or state laws. If you believe that the Department or its service providers have failed to provide services or discriminated against you, you can file a complaint with: Civil Rights Compliance Officer by e-mail at DHSCivilRightsBox@dhs.hawaii.gov, call (808) 586-4955 or 711, fax to (808) 586-4990 or write to: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. DHS discrimination complaint forms (DHS 6000) are available at <https://humanservices.hawaii.gov> in the Civil Rights Corner under Forms. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, Office for Civil Rights (OCR), 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Phone: 1(800) 368-1019, TDD: 1(800) 537-7697.